



November 11, 2009

Dear Cattle Producer:

I would like to invite you to participate in an exciting, in-depth program being offered to local cattle producers by UT Extension. The Master Beef Producer Program is an extensive educational program that was developed to provide information to assist you and other Tennessee cow-calf producers improve the profitability of your cow-calf operations. This is a multi-county program and will be attended by your fellow cattle producers in neighboring counties.

The Master Beef Producer Program will be taught at Braden United Methodist Church located at 230 Highway 59 in the Braden community on Monday and Thursday evenings. The first session will begin on February 2th at 6:00 p.m. The program will include 10 sessions (we will cover in 5 weeks) and graduation is scheduled for March 5th.

Producers enrolling in the Master Beef Producer program will receive instruction on 12 topics that focus on cow-calf production, marketing and issues facing the beef industry. You will also receive a 208 page "Tennessee Master Beef Producers Manual" that corresponds to the topics taught in the sessions. This manual will be used as a study manual during the course and for your future reference. Following completion of the course, you will be awarded a "certificate," a Master Beef Producer cap and Master Beef Producer sign that can be mounted near the entrance to your farm.

Those producers that complete the Master Beef Producer Program have the opportunity to qualify for a \$100.00 scholarship provided by the Tennessee Department of Agriculture that will be used to pay \$100.00 of your enrollment fee. This scholarship is provided through funding by the Tennessee Agriculture Enhancement Program. To qualify for the scholarship, you must have a "Premise ID Number" as well as be a "Beef Quality Assurance" (BQA) Certified producer and complete the Master Beef Producer Program.

To enroll in the Master Beef Producer Program, return the enclosed enrollment form and a check for \$50 to:


UT Extension – Haywood Co., P.O. Box 192, Brownsville, TN 38012 or drop it off at your local Extension office.

Please sign up by January 16, 2009. For additional information, please contact me at 901-465-5233.

Sincerely,

Jeffery D. Via
Extension Agent II
Director/Adult Agriculture

Registration Form

THE UNIVERSITY of TENNESSEE 
Extension



Master Beef Producer



Tennessee Beef Cattle
Improvement Initiative

MASTER BEEF PRODUCER ENROLLMENT FORM

To enroll in the Master Beef Producer Program and take advantage of the scholarship offered by the Tennessee Agriculture Enhancement Program, please complete this form and prepare a check for **\$50** made out to: **UT Extension – Master Beef**. Include your Premise Identification Number for your cattle operation as well as your Beef Quality Assurance (BQA) Certification number.

Total Fee for Master Beef Producer Program: \$ 150

Less the Scholarship Provided By Tennessee Department of Agriculture (\$100.00): \$ -100

Payment: \$ 50

Complete the following information:

Name (Please print)



Address (Please print)

Town (Please print)

Zip Code

County (Please print)

Premise Identification Number **
#)* *

Exp. Date
Beef Quality Assurance Number (BQA)

(Signature)

Phone Number ____ - ____ - ____

E-mail: _____

Complete this enrollment form and enclosed survey and submit to:

UT Extension – Haywood Co., P.O. Box 192, Brownsville, TN 38012
or drop it off at you local Extension office.

**** If you do not currently have both of these numbers, please try to do so prior to the first meeting. FSA can provide your Premise Identification Number. BQA will be offered at the first session of MBP for those that need renewal or initial certification.**

Personal Data

1. Age: _____ County: _____
2. How many years have you been in the beef cattle business? _____
3. What type of beef-cattle operation do you have? (Check one).
☐ Commercial (grade) cattle ☐ Purebred cattle ☐ Both
4. Rate your willingness to use computers in managing your beef operation (Record keeping, Balancing rations, etc.).
☐ Would not use
☐ Already use regularly
☐ Not using but intend to use
5. Are you interested in receiving information by the way of the internet?
☐ Do not have internet access
☐ Yes
☐ No

Land Inventory and Pasture

1. During the past 12 months, describe your forage acreage (excluding forest).
_____ Acres for grazing only
_____ Acres for hay only
_____ Acres of grazing/hay combination
2. Indicate the percent acres of pasture with: (total must equal 100%)
0 – 10 percent clovers _____ %
11 – 29 percent clovers _____ %
30% or greater clovers _____ %
3. How often do you soil test your pasture?
☐ Do not soil test ☐ Every year ☐ Every 2 – 3 years ☐ More than 3 years
4. How would you rate the pH of your pasture? (give percent)
Less than 6.0 _____ %
Between 6.0 and 6.5 _____ %
Over 6.5 _____ %
Do not know _____ %

Cattle Inventory and Breeding

1. Describe your current cattle inventory.

Class	Number of Head	Name of Breed or Breeds in Cross	Average Weight	Average Value/Animal
Mature cow herd				
Bred replacement heifers				
Open replacement heifers				
Weaned calves, stockers				
Herd bulls				

2. What % of your replacement heifers are bred at (Total should equal 100%)

55 – 64% of mature body weight _____ %
 65 – 70% of mature body weight _____ %
 71 – 80% of mature body weight _____ %
 over 80% of mature body weight _____ %

3. What is the source of your replacement heifers?

Produced on the farm _____ %
 Purchased _____ %

4. Describe your crossbreeding program. (check only one)

☐ 2 breed cross ☐ 3 breed cross ☐ crisscross
☐ no specific system ☐ do not crossbreed

5. This question relates to your last complete calf crop weaned.

Enter appropriate number in each blank.

a. Total cows and heifers exposed to breeding _____
 b. Number of calves born (both dead and alive) _____
 c. Number of calves weaned _____

6. Describe your last completed calving season by writing in the blanks the approximate number of calves born each month (write number in blank). (Total number should equal the number in 5B above).

January	_____	May	_____	September	_____
February	_____	June	_____	October	_____
March	_____	July	_____	November	_____
April	_____	August	_____	December	_____

7. Is artificial insemination used in your breeding program? ☐ Yes ☐ No

a. When are your cows artificially inseminated? ☐ Observed heat ☐ Timed bred
 b. What is the conception rate? (Check one).
 Less than 50% ☐ 51% to 75% ☐ 76% and over ☐

8. Was it necessary to assist any cows or first-calf heifers during calving?

☐ Yes ☐ No If "Yes" how many were assisted? _____

9. What is the primary source of your herd bulls? (Check only one).

Raise own bulls	_____	Performance-test sale (PT sale)	_____
Purebred breed sale	_____	Auction market (sale barn)	_____
Private treaty	_____	Lease	_____
		Other	_____

10. Rank the 5 most important traits you look for in selecting bulls. (#1 being the most important).

Breed	_____	Conformation	_____	Pedigree	_____
Breeder	_____	Polled/Horned	_____	Cost	_____
Color	_____	Disposition	_____	Frame	_____
EPD's	_____	Individual Performance	_____	Birth Weight	_____
		Carcass Traits	_____		

11. Rank the 3 most important EPD's that you use in selecting a bull:

Do not use	_____	Birth Weight	_____	Weaning Weight	_____
Yearling Weight	_____	Milk	_____	Carcass	_____

12. Do you have a semen test performed on your bulls annually prior to breeding?

☐ Yes ☐ No

13. Do you have your cows pregnancy checked annually? ☐ Yes ☐ No

Nutrition

1. During winter feeding period, which best describes your cow grouping? (Check one).

All cows run in one group: ☐
(ex. Group 1 – dry cows, wet cows, first-calf heifers)

Separated into two groups: ☐
(ex. Group 1 – dry cows Group 2 – wet cows and first-calf heifers)

Separated into three groups: ☐
(ex. Group 1 – dry cows Group 2 – wet cows Group 3 – first-calf heifers)

2. Have you had at least one forage/silage test made during the past 12 months?

☐ Yes ☐ No

3. To what extent, do you creep feed your calves? (Check one).

All your calves? ☐ Portion of your calves? ☐ None of your calves? ☐

4. Which one of the following mineral programs do you use?

<input type="checkbox"/> No mineral program	<input type="checkbox"/> Commercial mineral mix only
<input type="checkbox"/> Salt only	<input type="checkbox"/> Salt and commercial mineral fed separately

5. What are your cattle's sources of water? (Check all that apply).

Stream or creek ☐ Pond ☐ Water tank or trough ☐

6. Information on hay storage (include information on hay for cows, calves, replacement heifers and bulls. Do not include stockers).

<u>Method of storage</u>	<u>% of total hay</u>
Barn	_____
Outside covered	_____
Outside uncovered	_____

7. Information on hay fed (Indicate amount of hay fed last year. Do not include hay fed to stockers)

	<u>Number</u>	<u>Estimated WT.</u>	<u>Size</u>
Square bales	_____	_____	_____
Round bales	_____	_____	_____

8. What percent of hay is :

Home raised _____ %
Purchased _____ %

9. Estimated annual purchased feed costs per cow. _____

10. Estimate annual purchased mineral costs per cow. _____

Herd Health

1. What vaccinations are carried out on your cattle? (Check all that apply).

None	<input type="checkbox"/>	Leptospirosis	<input type="checkbox"/>
Anaplasmosis	<input type="checkbox"/>	PI-3	<input type="checkbox"/>
Blackleg	<input type="checkbox"/>	Shipping fever	<input type="checkbox"/>
Brucellosis (bangs)	<input type="checkbox"/>	Vibriosis	<input type="checkbox"/>
BVD	<input type="checkbox"/>	Scours	<input type="checkbox"/>
IBR	<input type="checkbox"/>	Other (specify) _____	

2. What is your estimated annual veterinary and vaccine cost per cow? _____

3. Indicate the category which best describes the deworming program for your herd. (Check one).

Never deworm	<input type="checkbox"/>	Once a year deworm entire herd	<input type="checkbox"/>
Deworm animals that look wormy	<input type="checkbox"/>	Twice a year deworm entire herd	<input type="checkbox"/>
Dewormed based on fecal egg count	<input type="checkbox"/>		
Other (specify)	_____		

4. Indicate the category which best describes the lice control program for your herd. (Check one).

<input type="checkbox"/> Control not needed	<input type="checkbox"/> Apply routinely in either winter or spring
<input type="checkbox"/> Apply lice controls as needed	<input type="checkbox"/> Lice were present but no control used

5. What method of fly control do you use? (Check all that apply).

- | | | | |
|--------------------------|--------------------------|-------------------------------|--------------------------|
| Ear tag | <input type="checkbox"/> | Dust bags | <input type="checkbox"/> |
| Medicated blocks or feed | <input type="checkbox"/> | Spray barns and loafing areas | <input type="checkbox"/> |
| Spray or dust cattle | <input type="checkbox"/> | Pour-on | <input type="checkbox"/> |
| Backrubbers | <input type="checkbox"/> | None | <input type="checkbox"/> |

6. During the past 12 months, which herd health problems have been experienced? (Check all that apply).

- | | | | | | |
|-----------------|--------------------------|---------------|--------------------------|-------------------|--------------------------|
| None | <input type="checkbox"/> | Fescue foot | <input type="checkbox"/> | Malignant edema | <input type="checkbox"/> |
| Anaplasmosis | <input type="checkbox"/> | Foot rot | <input type="checkbox"/> | Nitrate poisoning | <input type="checkbox"/> |
| Blackleg | <input type="checkbox"/> | Grass Tetany | <input type="checkbox"/> | Pink eye | <input type="checkbox"/> |
| Bloat | <input type="checkbox"/> | IBR | <input type="checkbox"/> | Pneumonia | <input type="checkbox"/> |
| Brucellosis | <input type="checkbox"/> | Leptospirosis | <input type="checkbox"/> | Scours | <input type="checkbox"/> |
| Other (specify) | _____ | | | | |

7. Indicate number of animals that died last year

- | | | | |
|-----------|-------|--------------------------|-------|
| Calves | _____ | State cause(s), if known | _____ |
| Cows | _____ | State cause(s), if known | _____ |
| Bulls | _____ | State cause(s), if known | _____ |
| Yearlings | _____ | State cause(s), if known | _____ |

8. Are animals which die of causes other than injury or known cause examined by a veterinarian to determine exact cause of death? ☐ Yes ☐ No

General Management

1. What practices are currently carried out on your farm? (Check all that apply).

- | | | | |
|--|--------------------------|-------------------------------------|--------------------------|
| Utilize computerized cattle record keeping | <input type="checkbox"/> | Cull open cows | <input type="checkbox"/> |
| Individually identify brood cows | <input type="checkbox"/> | Cull poor producers | <input type="checkbox"/> |
| Record breeding dates | <input type="checkbox"/> | Cull cows with bad mouth, | |
| Record calving dates | <input type="checkbox"/> | unsoundness, physical defects | <input type="checkbox"/> |
| Identify calves | <input type="checkbox"/> | Have designated pasture for calving | <input type="checkbox"/> |
| Record weaning weights | <input type="checkbox"/> | Castrate bull calves | <input type="checkbox"/> |
| Use adj. 205-day wts. And ratios or adj. | | Dehorn calves with horns | <input type="checkbox"/> |
| 365-day wts. And ratios in culling and | | Implant calves | <input type="checkbox"/> |
| selection | <input type="checkbox"/> | | |

2. How often do you check your cow herd? (Check one for each category).

- | | <u>During calving season</u> | <u>Other than calving season</u> |
|---------------------------|------------------------------|----------------------------------|
| Once or more each day | <input type="checkbox"/> | <input type="checkbox"/> |
| Two or three times a week | <input type="checkbox"/> | <input type="checkbox"/> |
| Weekly | <input type="checkbox"/> | <input type="checkbox"/> |
| Less than weekly | <input type="checkbox"/> | <input type="checkbox"/> |

3. What is the average age of your calves when weaned? (months) _____

4. Estimate total annual cash expenses per cow. _____

Facilities

Which of the following do you have and have in serviceable condition? (Check all that apply).

Corral	<input type="checkbox"/>	Bull pastures	<input type="checkbox"/>
Catch pens	<input type="checkbox"/>	Water in corral	<input type="checkbox"/>
Working chute	<input type="checkbox"/>	Electricity at corral	<input type="checkbox"/>
Head gate	<input type="checkbox"/>	Scales (or access to)	<input type="checkbox"/>
Cattle hauling equipment	<input type="checkbox"/>	Loading chute	<input type="checkbox"/>

Marketing

1. How often do you check on cattle prices? (Check one).

Daily ☐ Weekly ☐ Monthly ☐ Not at all ☐

2. Do you compare prices between two or more markets/buyers before selling?

☐ Yes ☐ No

3. What % of your market calves are sold: _____% Individually _____% In Groups

4. What methods of marketing do you use? (Check all that apply).

Weekly auction ☐ Video sale ☐ Graded sale ☐ Private treaty ☐

5. Describe calves at weaning: (include calves sold and unsold)

<u>Category</u>	<u>Number</u>	<u>Average Weight</u>	<u>Average Value/head</u>
Steers	_____	_____	_____
Heifers	_____	_____	_____

6. Describe calves maintained on farm.

<u>Category</u>	<u>Number</u>	<u>Average Weight</u>	<u>Average Value/head</u>
Steers	_____	_____	_____
Heifers	_____	_____	_____

7. How many calves are preconditioned? _____

8. Describe preconditioning program (Check all that apply)

Do not precondition calves	_____	Vaccinate calves	_____
Feed grain	_____	Feed hay	_____
Provide pasture	_____	Dewormed	_____
Implanted	_____		

9. Indicate number of days preconditioned:

- _____ Less than 30 days
- _____ 30 to 45 days
- _____ 46 to 90 days
- _____ More than 90 days